Occupational Health Medical Surveillance Session

11/13 March 2014
Naval Safety and Environmental Training Center
Professional Development Conference

Primary Objectives

- Provide a baseline level of knowledge regarding the Navy and Marine Corps medical surveillance programs

- Present findings and lessons learned regarding the Medical Surveillance Reporting initiative

- Inform program stakeholders of resources available to assist with program management and improved customer support

Session Overview

- Medical Surveillance Overview
- Background on the Navy medical surveillance reporting initiative
- USMC medical surveillance reporting initiative
- Strategies to improve program management and compliance
- Medical surveillance training and education resources
- Q & A

Presenters

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  - Chair of the Marine Corps Medical Surveillance Working Group

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Presenters

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Presenters

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POLLING QUESTION #1

POLLING QUESTION #2

Introduction to Medical Surveillance and Certification Examinations

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"The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U. S. Government."

Medical Surveillance

- **This presentation is based on the following**:

- Medical Surveillance brief given by CDR P. Seeman for Safety PDC,
   March 2013

- Navy and Marine Corps Public Health Center (NMCPHC) Technical Manual, NMCPHC- TM OM 6260 Medical Surveillance Procedures Manual and Medical Matrix, Edition 11

- Navy Safety and Supervisor's Guide to Medical Surveillance, 2013

- Product of the Navy Medical Surveillance Working

Medical Surveillance

- The U.S. Navy is concerned about the well-being of its military and civilian personnel and effective medical   surveillance is a key component to ensuring their health.
- All medical surveillance stakeholders must work in concert to maximize the effectiveness of the Navy's program.

Medical Surveillance

- An Occupational Medical Surveillance program, which includes medical screening and/or examination, is one of several tools aimed at protecting workers, Active duty or civilian service, who are exposed or potentially exposed to hazardous substances in the workplace.

Medical Surveillance

- Medical surveillance also helps determine whether controls used in the workplace to reduce exposures to personnel (such as exhaust ventilation which is used to remove hazardous fumes or vapors) or Personal Protective Equipment (PPE), such as respirators, are working effectively.

Surveillance Examinations

- Selection of personnel for medical surveillance program is based primarily on the results of the industrial hygiene survey.
- This is known as "hazard based" medical surveillance.
- Target an intervention to the affected individual and others who are at risk of developing the same disorder

Surveillance Examinations

- Part of a <u>comprehensive process</u> that helps to:
  - bring about changes that prevent exposure to health hazards
  - enhance the quality of working conditions
  - <u>Ensure that the employee's</u> health, and well-being, are not impacted by on the job

Types of Examinations

- Baseline Examination performed before an employee begins work
- Periodic Examination performed at regular, specified intervals
- Termination Examination document the worker's state of health at end of employment or

Certification Examinations

- Certification Examinations (aka Specialty Examinations).
- These physical exams are performed when medical standards exist for workers assigned to a position. These standards come from many sources.
- Provider determines if worker is medically capable of performing

Certification Examinations

- Requirement for the certification exam is usually found in the instruction for the work process, equipment, or employee's position description.
- Work involves specific health requirements.
- Assessment of the employee's

Authorities

- Mandated by regulations
  - Code of Federal Regulations
  - Department of Defense
  - OPNAVINSTs
  - Program Specific Instructions/requirements

  To further assist you in understanding the process of Medical Surveillance, the Safety Center has developed the Medical Surveillance Toolbox

Elements of a Medical Surveillance/ Certification Program

- There are 7 basic elements which include:

a. identification exams

b. training communication

c. enrollment and tracking

d. completing

e.

f. reporting

g. oversight

Roles and Responsibilities

Management AND Safety

- Assess control measures and PPE; obligation to alter the conditions that lead to adverse health effects

Employee

- Keep appointments with healthcare provider and complete required examinations and tests
- Be knowledgeable of Medical Surveillance requirements

Healthcare Provider

- Make consistent and well documented decisions concerning the employee's suitability for work

Tips for a Successful Program

- Assess workplace
  - Define baseline situation; identify work and work processes and equipment used
- Obtain IH survey (recommendations)
- Communicate and involve stakeholders
- Know the regulations
- Set goals

Conclusion

- Goal is to provide a safe and healthy environment, prevent work-related diseases, and to ensure that the worker is not adversely impacted by the job.
- Ensure that workers are protected from accidental death, injury, and illness caused by hazardous occupational and environmental exposures.

Conclusion (continued)

- The Key, once again, to a successful Occupational Safety and Health Program is: **COMMUNICATION!**
- Communicate with your Industrial Hygienist and your Occupational Medicine Clinic

Polling Question #3

Medical Surveillance Reporting Initiatives Background

CDR John Porter, CIH
Naval Safety Center

Reporting Initiative Background

- Spring 2010: BUMED estimated a 33% completion rate for required Navy-wide medical surveillance exams

- Aug 2010: ASN (EI&E) requested that CNO and CMC "develop a plan to ensure timely completion of required exams and provide oversight of its implementation"

- An accurate Navy-wide exam completion rate was complicated by stove-piped data systems

Reporting Initiative Methods

- We needed to determine program compliance

- Developed a standardized reporting spreadsheet
  - 124 exams

- Reporting Spreadsheet automatically calculated exam "completion rates"

Medical Surveillance Exam Completion Report

Medical Surveillance Examination Code	Medical Surveillance Program Examination Name	Total Number of Exams Required (Denominator)	Number of Enrolled Personnel Who Completed Required Med Surv Exam (Numerator)	Percentage of Command Personnel Who Have Completed Med Surv Exam (Automatically Calculates)
723	BARBER AND BEAUTY SHOP EMPLOYEES	0	0	#DIV/0!
703	CHILD CARE WORKER	0	0	#DIV/0!
705	DIVER/HYPERBARIC WORKER	0	0	#DIV/0!
721	EXPLOSIVE HANDLER	0	0	#DIV/0!
720	EXPLOSIVES VEHICLE OPERATORS	0	0	#DIV/0!
722	FIREFIGHTER (ANNUAL HEALTH SCREEN)	0	0	#DIV/0!
707	FIREFIGHTER (PREPLACEMENT AND PERIODIC)	0	0	#DIV/0!
709	FOODSERVICE PERSONNEL	0	0	#DIV/0!
710	FORKLIFT OPERATOR	0	0	#DIV/0!
718	FREON (HALOALKANE) WORKERS	0	0	#DIV/0!
711	HAZARDOUS WASTE WORKERS AND EMERGENCY RESPONDERS	0	0	#DIV/0!
719	HEALTH CARE WORKERS (HCWs)	0	0	#DIV/0!
706	MOTOR VEHICLE OPERATERATORS (DOT)	0	0	#DIV/0!
712	MOTOR VEHICLE OPERATOR (OTHER THAN DOT)	0	0	#DIV/0!
713	NAVAL CRIMINAL INVESTIGATIVE SERVICE	0	0	#DIV/0!
714	POLICE/GUARD SECURITY	0	0	#DIV/0!
716	RESPIRATOR USER CERTIFICATION EXAM	0	0	#DIV/0!
717	SUBMARINE DUTY	0	0	#DIV/0!
702	WASTEWATER/SEWAGE WORKER	0	0	#DIV/0!
704	WEIGHT HANDLING EQUIPMENT (MANAGEMENT OF)	0	0	#DIV/0!
708	WELDERS/BRAZIERS/NON-DESTRUCTIVE INSPECTION TECHS	0	0	#DIV/0!
COMMAND MEDICAL SURVEILLANCE COMPLETION DATA:		0	0	#DIV/0!
OVERALL COMMAND AUDIOGRAM COMPLETION DATA:		0	0	#DIV/0!
COMMAND NAME:				

Blue items are exams required by OSHA for certain personnel dependent on their level of exposure or job title (regulatory exams). Low completion rates in these programs must be high priority to address.

Back

All Commands: Data should include numbers of military and Federal civilian personnel.

Color Coding:

Satisfactory	(≥90%)
Improvement Required	(70%-89%)
Unsatisfactory	(<70%)

Click here for the Medical Surveillance Exam Completion Report Instructions.

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Completion Rate Calculation

DoDI 6055.05, November 11, 2008

Occupational Medical Exam Completion Rate (%) $=$ $\dfrac{\text{\# of personnel receiving required medical exams x 100\%}}{\text{\# of personnel requiring medical exams for occupational exposures}}$

Reporting Initiative Background

- NAVADMIN 213/12
  - Required all Navy commands to develop a baseline exam completion report and route through Immediate Superior in Command (ISIC)

  - Echelon 2 commands consolidate subordinate inputs and forward to NSC by 15 Oct 2012

  - Required future annual reports to be submitted during the safety self-assessment process starting in 2013

Reporting Initiative Output

- Consolidated reports were received from 26 Echelon 2 commands

- NSC used Echelon 2 consolidated reports to develop a Navy-wide composite report

- Compliance rates based on estimated personnel in program and estimated number in periodicity for exam
  - Remember some exams are one time only, some are periodic

CY12 Composite Report Summary

Medical Surveillance Examination Code	Medical Surveillance Program Examination Name	Total Number of Exams Required (Denominator)	Number of Enrolled Personnel Who Completed Required Med Surv Exam (Numerator)	Percentage of Command Personnel Who Have Completed Med Surv Exam (Automatically Calculates)
EXAM	SPECIALTY EXAMINATIONS	55	55	100%
701	AVIATION	20039	19620	98%
723	BARBER AND BEAUTY SHOP EMPLOYEES	1351	1354	100%
703	CHILD CARE WORKER	4304	3323	77%
705	DIVER/HYPERBARIC WORKER	3842	3546	92%
721	EXPLOSIVE HANDLER	16730	14339	86%
720	EXPLOSIVES VEHICLE OPERATORS	4846	4348	90%
722	FIREFIGHTER (ANNUAL HEALTH SCREEN)	4083	3769	92%
707	FIREFIGHTER (PREPLACEMENT AND PERIODIC)	5224	4686	90%
709	FOODSERVICE PERSONNEL	7803	6995	90%
710	FORKLIFT OPERATOR	20087	18219	91%
718	FREON (HALOALKANE) WORKERS	412	356	86%
711	HAZARDOUS WASTE WORKERS AND EMERGENCY RESPONDERS	4923	3974	81%
719	HEALTH CARE WORKERS (HCWs)	33939	31020	91%
706	MOTOR VEHICLE OPERATERATORS (DOT)	4289	3863	90%
712	MOTOR VEHICLE OPERATOR (OTHER THAN DOT)	7265	5574	77%
713	NAVAL CRIMINAL INVESTIGATIVE SERVICE	111	102	92%
714	POLICE/GUARD SECURITY	7661	5926	77%
716	RESPIRATOR USER CERTIFICATION EXAM	81911	75120	92%
717	SUBMARINE DUTY	9489	9306	98%
702	WASTEWATER/SEWAGE WORKER	6537	6154	94%
704	WEIGHT HANDLING EQUIPMENT (MANAGEMENT OF)	9377	7980	85%
708	WELDERS/BRAZIERS/NON-DESTRUCTIVE INSPECTION TECHS	631	579	92%

COMPOSITE MEDICAL SURVEILLANCE COMPLETION DATA:		533934	464991	87%
COMPOSITE AUDIOGRAM COMPLETION DATA:		149933	128669	86%
REPORT NAME:	Navy Consolidated Report Master Sheet			

Blue items are exams required by OSHA for certain personnel dependent on their level of exposure or job title (regulatory exams). Low completion rates in these programs must be high priority to address.

All Commands: Data should include numbers of military and Federal civilian personnel.

Color Coding:

Satisfactory	(≥90%)
Improvement Required	(70%-89%)
Unsatisfactory	(<70%)

Click here for the Medical Surveillance Exam Completion Report Instructions.

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CY12 Composite Report Summary- Top 25

Program Name / Number	Exam Type	Navy-Wide Denominator (#Required)	Navy Wide Numerator (# Completed)	Navy-Wide Compliance Estimate
Noise	Physical	144,698	123,858	86%
Respirator User	Certification	81,911	75,120	92%
Health Care Worker	Certification	33,939	31,020	91%
Blood and Body Fluids	Chemical	25,508	19,591	77%
Radiation (Ionizing)	Physical	20,573	19,096	93%
Aviation	Certification	20,027	19,608	98%
Forklift Operator	Certification	20,087	18,219	91%
Explosive Handler	Certification	16,730	14,339	86%
Heat	Physical	14,546	12,442	86%
Submarine Duty	Certification	9,489	9,306	98%
Lead (Inorganic)	Chemical	7,910	6,696	85%
Weight Handling Equipment	Certification	9,377	7,980	85%
Police/Guard/Security	Certification	7,661	5,926	77%
Motor Vehicle Operator (Other than DOT)	Certification	7,265	5,574	77%
Food Service Personnel	Certification	7,803	6,995	90%
Wastewater/Sewage Worker	Certification	6,537	6,154	94%
Chromic Acid/Chromium	Chemical	6,087	5,393	89%
Radiation (Class 3b and 4 Laser)	Certification	5,651	3,803	67%
Noise (Follow Up of STS)	Physical	5,235	4,811	92%
Firefighter (Pre-placement and Periodic)	Certification	5,224	8,455	91%
Asbestos Past Worker (10+ years since last exposure)	Chemical	5,119	3,807	74%
Hazardous Waste and Emergency Response	Certification	4,923	3,974	81%
Explosives Vehicle Operator	Certification	4,846	4,348	90%
Mixes Solvents	Mixed Exposure	4,486	3,788	84%
Child Care Worker	Certification	4,304	3,323	77%

Overall Findings

- The composite report estimates higher compliance than the original 33% value
  - 87% overall
  - 86% audiograms

- These are <u>estimates</u>

- We were also able to estimate the number of medical surveillance requirements for each program

Composite Report Limitations

- Compliance estimates are based on self-reporting
- Many commands weren't tracking this program
- Lack of program manager training
- Currently no method for Naval Safety Center to validate data

Reporting Method Strengths

- Overcomes stove-piped systems

- Indicates which programs are doing well or poorly at a glance

- Offers ISICs and HQ commands an option for oversight

- Allows each level in the chain of command to hone in on poorly performing commands and help them improve

Future Reporting

- Periodic Reporting
  - Starting in 2013, reporting was part of safety self-assessment process
  - Involved an updated 2013 reporting spreadsheet
  - Results will be submitted along with the self-assessment results
  - Guidance was provided via ALSAFE 054/13

CY13 Composite Report Summary

Medical Surveillance Examination Code	Medical Surveillance Program Examination Name	Total Number of Command Personnel Enrolled in Program (Denominator)	Number of Enrolled Personnel Who Completed Required Exam (Numerator)	Percentage of Command Personnel Who Have Completed Exam (Automatically Calculates)
720	EXPLOSIVES VEHICLE OPERATORS			#DIV/0!
707	FIREFIGHTER (COMPREHENSIVE)			#DIV/0!
709	FOODSERVICE PERSONNEL			#DIV/0!
710	FORKLIFT OPERATOR			#DIV/0!
718	FREON (HALOALKANE) WORKERS			#DIV/0!
711	HAZARDOUS WASTE WORKERS AND EMERGENCY RESPONDERS			#DIV/0!
719	HEALTH CARE WORKERS (HCWs)			#DIV/0!
706	MOTOR VEHICLE OPERATERATORS (DOT)			#DIV/0!
712	MOTOR VEHICLE OPERATOR (OTHER THAN DOT)			#DIV/0!
713	NAVAL CRIMINAL INVESTIGATIVE SERVICE			#DIV/0!
714	POLICE/GUARD SECURITY			#DIV/0!
716	RESPIRATOR USER CERTIFICATION EXAM			#DIV/0!
717	SUBMARINE DUTY			#DIV/0!
702	WASTEWATER/SEWAGE WORKER			#DIV/0!
704	WEIGHT HANDLING EQUIPMENT (MANAGEMENT OF)			#DIV/0!
708	WELDERS/BRAZIERS/NON-DESTRUCTIVE INSPECTION TECHS			#DIV/0!

	Denominator	Numerator	Percentage
OVERALL COMMAND (ALL EXAMS) COMPLETION DATA (CY13):	0	0	#DIV/0!
OVERALL COMMAND AUDIOGRAM COMPLETION (CY13):	0	0	#DIV/0!
Chemical Stressor Exam Completion (CY13):	0	0	#DIV/0!
Physical Stressor Exam Completion (CY13):	0	0	#DIV/0!
Mixed Exposure Exam Completion (CY13):	0	0	#DIV/0!
Certification Exam Completion (CY13):	0	0	#DIV/0!
COMMAND NAME:			

Blue items are exams required by OSHA for certain personnel dependent on their level of exposure or job title (regulatory exams). Low completion rates in these programs must be high priority to address.

ALWAYS USE THE "PASTE SPECIAL" FUNCTION WHEN PASTING ANYTHING INTO THIS PAGE AND CHOOSE THE "VALUES" OPTION

All Commands: Data should include numbers of military and Federal civilian personnel.

Color Coding:

Satisfactory	(≥90%)
Improvement Required	(70%-89%)
Unsatisfactory	(<70%)

JP

Click here for the Medical Surveillance Exam Completion Report Instructions.

Review Questions
on
Medical Surveillance Reporting Initiative Background

Specific Findings and Lessons Learned

Baseline Medical Surveillance

Reporting Initiative

2012

Identification of Personnel for Medical Surveillance

Presented by
Kathleen Edwards, BSN, COHN-S
Occupational Medicine Program Manager
Navy Medicine West
San Diego, CA

Identification of Personnel

Reporting Feedback:

- Many commands have a difficult time determining which personnel require enrollment in a medical surveillance program(s)

- Many active duty are not being identified

QUESTION?
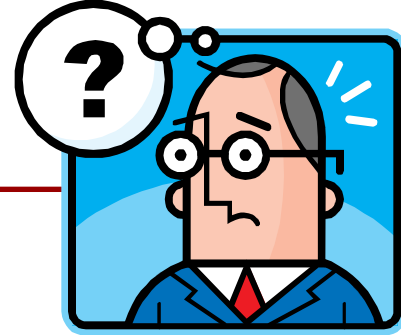
When you first saw the reporting tasker, what was your first thought?

A. Its not my job to know who is in these programs?

B. What are all these programs?

C. Why are they asking Safety, this is for medical?

D. All of the above?

Right Answer??
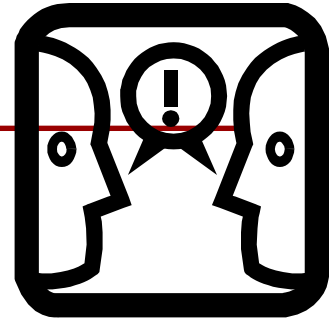
- "It takes a village"
- Safety has ownership of the reporting
- All stakeholders own a piece of the process
- Stakeholders include:
  - Safety
  - Supervisors
  - Industrial Hygiene
  - Medical/Occupational Health Clinics

Processes

- Educate supervisors about the Medical Surveillance program and how to use the resources.

- Supervisors assess each employee to determine medical surveillance/job certification placement

- Communicate identification to Command Medical Surveillance Program Manager

- Annual review between supervisor and Medical Surveillance Program

Resources

- Employee position description (often identifies duties requiring certification)

- Command IH Survey for stressor based medical surveillance recommendations

- Navy Certification Guidance Matrix for certification examinations (NAVSAFECEN Med Surv Toolbox)

Resources (con't)

- Medical Surveillance Procedure and Medical Matrix (both med surv/cert) (NAVSAFECEN Med Surv Toolbox)

- Navy Manual of the Medical Department

- Base Licensing Office (CDL,forklift, MVO, etc)

- Occupational Health Clinic

Identification Information Needed

- Name
- Job Title
- Does the employee do any of the work processes identified in the IH survey as needing medical surveillance?
- Does the employee perform any duties that require certification as per certification matrix?
- Identify Medical Surveillance Program #s
- What is the periodicity of the exams?

HAZARDOUS OPERATIONS REQUIRING MEDICAL SURVEILLANCE

Location/Code Hazardous Operation Med. Surveillance Frequency/Type

Bldg. 1157/R30 Operate woodworking tools Baseline/annual/termination
Hearing Conservation Builders Shop (noise and vibration) Baseline/annual Hand-Arm Vibration (instructors)
Wood Working Area

Bldg. 1236 and 345/R30 Operate heavy equipment Baseline/annual/termination Hearing Cons.
Embarkation (vibration) Baseline/annual/ Hand-Arm Vibration
 Baseline/annual Whole Body Vibration

Bldg. 1158/R30 Operate woodworking tools Baseline/annual/termination Hearing Cons.
Engineering Aide Shop (noise)

Bldg. 1158/R30 Welding, operate metal working Baseline/annual/termination Hearing Cons.
Steel Working Shop Tools (noise and vibration) Baseline/annual Hand-Arm Vibration

Bldg. 1158/R30 Welding (metal fumes) Baseline/periodic Respirator User (if respirators
Steel Working Shop are worn)

Bldg. 1191/R43 Operate power tools Baseline/annual/termination Hearing Cons.
Equipment (noise and vibration) Hearing Conservation Baseline/annual Hand-Arm
Maintenance Shop Vibration (instructors only)

IH Survey Medical Surveillance Recommendations
(Example 2)

Report Section	Shop	Work Task	Recommended Medical Surveillance	Number of Personnel
2	N91, Force Protection	Military Working Dogs Personnel	Animal Associated Diseases **(#207)**	5
4	Port Operations	Dive Locker	Diver/Hyperbaric Worker **(#705**)	8
			Respirator User SCUBA **(#716)**	8
7	NB92 Fleet Readiness	Bowling Maintenance	Hearing Conservation **(#503**)	4

IH Survey Medical Surveillance Recommendations
(Example 3)

PROGRAM (Number)	Work Center	Personnel
Noise (#503)	Cranes & Boats (EC01)/9 Docking (EDC1/ER02)/17 Deck (DA01)/42 Engineering (EC01)/8 Auxiliaries (EA01)/9	85
Respirator (#716)	Docking (EDC1/ER02)/17 All personnel involved with mechanical grinding, sanding and needle gunning of painted surfaces or painting of interior spaces/	17
Blood & Body Fluids (#178)	Medical (MH01)/1	1
Health Care Worker (#719)	Medical (MH01)/1	1
Sewage Worker (#702)	Docking (EDC1/ER02)/4	4

Navy Certification Guidance Matrix

Certification Examination Name	Certification Program Applicability Guidance				Periodicity
	Afloat Military	Afloat Civilian	Ashore Military	Ashore Civilian	
AVIATION	Y	N/A	Y	N/A	≤ Age 50: every 5 years > Age 50: annual
BARBER AND BEAUTY SHOP EMPLOYEES	Y	Y	Y	Y	Preplacement Baseline
CHILD CARE WORKER	N/A	N/A	N/A	Y	Annual

DIVER/HYPERBARIC WORKER	Y	Y	Y	Y	Diver Candidates: Upon application to diving duty
					
					Designated Divers: ≤ Age 50: every 5 years
					        ≥ Age 50 < Age 60: every 2 years
					        ≥ Age 60: annual

EXPLOSIVE HANDLER	Y	Y	Y	Y	< Age 60: every 5 years ≥ Age 60: annually
EXPLOSIVES VEHICLE OPERATORS	Y	Y	Y	Y	Civilians: < Age 60: every 2 years ≥ Age 60: annual Active Duty Military: every 5 years
FIREFIGHTER (COMPREHENSIVE)	N/A	N/A	N/A	Y	Annual This exam incorporates many elements from several other certification exams. See the "Medical Matrix" for more information.
FOODSERVICE PERSONNEL	Y	Y	Y	Y	Preplacement
FORKLIFT OPERATOR	Y	Y	Y	Y	< Age 60: every 5 years ≥ Age 60: annual
FREON (HALOALKANE) WORKERS	See Comment #1	See Comment #1	See Comment #1	See Comment #1	Annual
HAZARDOUS WASTE WORKERS AND EMERGENCY RESPONDERS	N/A	N/A	Y	Y	Annual
HEALTH CARE WORKERS (HCWs)	Y	Y	Y	Y	Preplacement Baseline
MOTOR VEHICLE OPERATERATORS (DOT)	See comment #2	Y	See comment #2	N	Every 2 years
MOTOR VEHICLE OPERATOR (OTHER THAN DOT)	See comment #3	See comment #3	See comment #3	See comment #3	Every 4 years
NAVAL CRIMINAL INVESTIGATIVE SERVICE	N/A	Y	N/A	Y	≤ Age 37: every 3 years 38 to 40 years of age: every 2 years ≥ Age 41: annual
POLICE/GUARD SECURITY	N/A	Y	N/A	Y	Annual
RESPIRATOR USER CERTIFICATION EXAM	See comment #4	Y	See comment #4	Y	Civilians: Age 15 to 34: every 5 years Age 35 to 44: every 2 years >Age 45: annual SCBA user: annual Military: See comment #4
SUBMARINE DUTY	Y	Y	Y	Y	Active duty submarine qualified: Every 5 years Everyone else: Prior to embarkation on submarine
WASTEWATER/SEWAGE WORKER	Y	Y	Y	Y	Every 5 years
WEIGHT HANDLING EQUIPMENT (MANAGEMENT OF) *Note: Applies to crane Operators*	Y	Y	Y	Y	Every 2 years
WELDERS/BRAZERS/NON-DESTRUCTIVE INSPECTION TECHS	Y	Y	Y	Y	Annual

Navy Medical Surveillance Matrix
(Example part 1)

NMCPHC-TM OM 6260
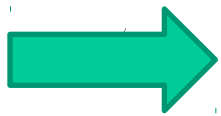
LEAD (INORGANIC)   **161**
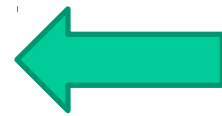
STRESSOR(S) IN THIS PROGRAM:	NIOSH #	CAS #
lead (inorganic)	OF7525000	7439-92-1
chromic acid, lead (2+) salt	GB2975000	7758-97-6
lead phosphate (3:2)	OG3675000	7446-27-7
Program Frequency	Semi-annual for biologic monitoring	
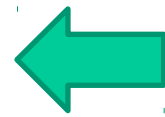
EXAM ELEMENT	BASE	PERI	TERM
Medical history: have you ever had:			
Personal history of:			
Is your work exposure history current (OPNAV 5100/15)	Yes	Semi-A	Yes
Has anything about your health status changed since your last examination	Yes	***	Yes
Have any medications changed since your last examination	Yes	***	Yes
Major illness or injury	Yes	***	Yes
Hospitalization or surgery	Yes	***	Yes
Cancer	Yes	***	Yes
Back injury	Yes	***	Yes
Do you drink 6 or more drinks per week (beer, wine, liquor)	Yes	***	Yes
Have you ever smoked	Yes	***	Yes
Do your currently smoke (packs/day)	Yes	***	Yes
Heart disease, high blood pressure, stroke or circulation problems	Yes	***	Yes
Difficulty breathing while being fitted for or using a respirator	Yes	***	Yes
Current medication use (prescription or over the counter)	Yes	***	Yes
Medication allergies	Yes	***	Yes

NMCPHC-TM OM 6260

EXAM ELEMENT	BASE	PERI	TERM
Physician's/provider's written opinion required	Yes	***	Yes
Is surveillance/PPE consistent with exposures	Yes	Semi-A	Yes
Are any abnormalities related to exposures/occupations	Yes	***	Yes
Recommendations:	Yes	***	Yes

***A medical examination identical in scope to the baseline will be conducted annually for each person found to have a blood lead concentration at or above 30 ug/100gm at any time during the prior year.

PROGRAM DESCRIPTION:

A baseline examination is required prior to assignment to a position involving potential exposures to lead that equal or exceed the action level.

A termination examination identical in scope to the baseline will be conducted just prior to the reassignment or termination of a person from a job requiring medical surveillance, unless a medical evaluation was done within the past twelve (12) months.

Guidelines for medical removal and follow-up, including written notification, are very specific. See 29 CFR 1910.1025, Appendix C.

PROVIDERS COMMENTS: A Physician's/provider's Written Opinion is required by the OSHA Standard. A sample Physician's/provider's Written Opinion can be found in Chapter 10 of the Medical Matrix.

This program consists of; preplacement medical examination, semiannual blood lead monitoring, and follow-up medical evaluations and blood lead analysis based on the results of blood lead analysis and physician opinion. Personnel are included in this program when industrial hygiene surveillance indicates that they perform work or are likely to be in the vicinity of an operation which generates airborne lead concentrations at or above the Action Level 30 days per year. Inclusion in this program is based on measured airborne concentrations without regard to respirator use, and therefore does not indicate that an individual is overexposed to lead.

PERSONNEL IDENTIFICATION

ENROLLMENT AND TRACKING

Program Enrollment and Tracking

Presented by

LCDR Chuck Wilhite, MSPH, CSP, MSC, USN

TYCOM Safety Officer

Commander, Submarine Forces Pacific

Pearl Harbor, HI

Program Enrollment and Tracking

Reporting Feedback:

- Many commands had trouble understanding
  - The program enrollment process
  - Methods available to effectively track medical surveillance enrollment and exam/screening completion

Reporting Initiative Findings

- Program Enrollment
    - Starts with Industrial Hygiene Survey report (IHS) and Safety Officer and Management working as a team
    - Personnel for inclusion are identified in IHS work center assessments and via Medical Surveillance recommendations
    - Workplace Manager/Safety Officer works with Medical to schedule physical exams and required certifications

Polling Question #4

- Program Tracking
  - Safety Officer, Medical personnel and management should collectively track employees status to ensure medical/certification compliance
  - Tracking accomplished via ESAMS, SAMS, .xls, Access database, or other methods
  - Records should be maintained and readily available for inspection/audits/investigations

Reporting Feedback:
Some ISICs were unsure as to how to effectively inspect and oversee medical surveillance programs at subordinate commands

Program Oversight

- If at an ISIC/TYCOM, have units submit monthly or quarterly occupational health physical exam/certification status

- Maintain benchmark at 90%

- Utilize INSURV/MRI/Medical Surveillance tool box/checklists to ensure your units meet fleet standards

- Conduct random inspections and encourage self-audits to ensure compliance

Reporting Feedback:

Several command program managers stated that their training did not fully prepare them to manage an effective medical surveillance program

Stakeholder Training

- Some program managers and other stakeholders didn't have a good awareness of the program or strong knowledge regarding requirements

- Lack of training courses or resources that comprehensively cover topic

Documenting Medical Surveillance Examination Completion and Disposition

Presented by

Kathleen Edwards, BSN, COHN-S

Occupational Medicine Program Manager

Navy Medicine West

San Diego, CA

Reporting Feedback:

- Many commands had trouble determining when, or if, personnel completed all medical exam requirements = compliance

- Many commands were unaware as to whether medical exams/screening identified issues which would require further action

WHO NEEDS TO KNOW WHAT?

- Supervisors need to know:
  - Date exam was completed
  - Is the employee qualified to continue work
  - When is the next exam due
  - Is there any required follow-up

- Medical Surveillance Program Managers need to know:
  - Exam completion date
  - When is the next exam due

Medical Documentation

- Medical Surveillance/certification examinations are documented in the active duty/civilian employee's medical record.

- When monitoring is done on an employee by IH, the results and recommendation for surveillance are entered into the individual's medical record.

- OH Clinics do not have a database of personnel enrolled in medical surveillance or job certification programs.

- Medical does have the responsibility to communicate back to the supported activity the disposition of the worker.

Communication

- Work with OH clinic on process
- Currently tremendous variance in process
  - Worker cards
  - Dispensary chits
  - Medical referral form
  - Command specific forms
- ESAMS
- Medical Surveillance Referral form (5100/T)
  - Developed by Navy and USMC Medical Surveillance Working Groups
  - Intended to
    - Improve communications between command/clinics
    - Assist line supervisors and command program managers in documenting and tracking personnel

Privacy Protected Information

- Medical information regarding the employee will not be shared (HIPPA, PHI)

- Employer will be informed of qualification status (disposition)

- Follow-up appointments are sometimes needed before final disposition can be made.

- Employee has the right to share their information with supervisor, but not coerced

Review Questions
on
Specific Findings and Lessons Learned

USMC OCCUPATIONAL HEALTH MEDICAL SURVEILLANCE PROGRAM PLAN UPDATE

HQMC Health Services
LCDR Rollin Clayton, MSC, USN

USMC OCCUPATIONAL HEALTH MEDICAL SURVEILLANCE PROGRAM PLAN UPDATE

PURPOSE:

- UPDATE ON THE MARINE CORPS OCCUPATIONAL HEALTH MEDICAL SURVEILLANCE PROGRAM

DISCUSSION:

- IN A 04 AUG 2010 MEMORANDUM, ASN (EI&E) TASKED CHIEF OF NAVAL OPERATIONS (CNO) AND THE COMMANDANT OF THE MARINE CORPS (CMC) TO DEVELOP A COMPREHENSIVE MEDICAL SURVEILLANCE PROGRAM PLAN THAT ENSURED APPROPRIATE IMPLEMENTATION OVERSIGHT AND TIMELY EXECUTION OF REQUIRED MEDICAL SURVEILLANCE.

- THE ASSISTANT COMMANDANT OF THE MARINE CORPS CHARTERED A USMC OCCUPATIONAL HEALTH MEDICAL SURVEILLANCE WORKING GROUP ON 21 JANUARY 2011 TO ADDRESS THESE CONCERNS.

USMC OHMSWG:

- THE USMC OCCUPATIONAL HEALTH MEDICAL SURVEILLANCE WORKING GROUP (OHMSWG) MEETS VIA TELECONFERENCE MONTHLY TO ADDRESS THE ISSUES DESCRIBED IN THE CHARTER AND THE POA&M.

- THE USMC OHMSWG INCLUDES THE FOLLOWING ORGANIZATIONS:

  - HQMC HEALTH SERVICES (HS)
  - COMMANDANT OF THE MARINE CORPS SAFETY DIVISION CMC (SD)
  - HQMC PLANS, POLICY, AND OPERATIONS (PP&O)
  - MARINE FORCES COMMAND HEALTH SERVICES
  - MARINE CORPS INSTALLATIONS EAST
  - NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
  - NAVY MEDICINE INFORMATION SYSTEMS SUPPORT ACTIVITY
  - ASSOCIATE MEMBERS (BUMED, OPNAV 09F)

USMC OHMSWG:

- **ALL FOUR OHMSWG POA&M ITEMS HAVE BEEN COMPLETED:**

    ➢ **USMC OCCUPATIONAL HEALTH MEDICAL SURVEILLANCE WORKING GROUP AND CHARTER ESTABLISHED**

    ➢ **LIST OF CURRENT DATABASES TRACKING OCCUPATIONAL HEALTH MEDICAL SURVEILLANCE COMPLETED**

    ➢ **IDENTIFIED OCCUPATIONAL HEALTH MEDICAL SURVEILLANCE DATABASE UTILIZATION**

    ➢ **RECOMMENDED MRRS FOR DATABASE INTEGRATION AND CONSOLIDATION (RECOMMENDATION EXECUTION HAS NOT ACHIEVED CONSENSUS)**

COMPUTER SYSTEMS:

- THERE ARE FIVE PRIMARY COMPUTER SYSTEMS USED TO TRACK OCCUPATIONAL HEALTH MEDICAL SURVEILLANCE WITHIN THE USMC:

  - ➢ ENTERPRISE SAFETY APPLICATIONS MANAGEMENT SYSTEMS (ESAMS)
  - ➢ DEFENSE OCCUPATIONAL AND ENVIRONMENTAL HEALTH READINESS SYSTEM HEARING CONSERVATION (DOEHRS-HC)
  - ➢ ADVANCED SKILLS MANAGEMENT SYSTEM (ASM)
  - ➢ OCCUPATIONAL SAFETY AND HEALTH SYSTEM (OSHSYS)
  - ➢ MEDICAL READINESS AND REPORTING SYSTEM (MRRS).

- ALL OF THESE SYSTEMS MEET SPECIFIC USER NEEDS AND WERE DEVELOPED FOR A SPECIFIC PURPOSE

- THESE SYSTEMS DO NOT CURRENTLY TRANSFER INFORMATION TO ONE ANOTHER ELECTRONICALLY

SHORT RANGE GOALS:

- COMMANDS SHALL USE EXISTING COMPUTER SYSTEMS AND SPREADSHEETS TO TRACK OCCUPATIONAL HEALTH MEDICAL SURVEILLANCE COMPLETION RATES UNTIL MEDIUM AND LONG RANGE SOLUTIONS ARE DEVELOPED.

  STATUS: **ONGOING**.

- REQUIREMENTS FOR TRACKING THESE RATES WILL BE DELINEATED IN A MARADMIN.

  STATUS: **MARADMIN 581/12 RELEASED 11 OCT 2012**.

- DEVELOP AN EXCEL SPREADSHEET REPORT TO ASSIST COMMANDS IN COMPILING BASELINE, PERIODIC, AND TERMINATION EXAMINATION COMPLETION RATES.

  STATUS: COMPLETED.

- EXCEL SPREADSHEET REPORT AVAILABLE TO COMMANDS VIA THE CMC SAFETY DIVISION WEBPAGE.

  STATUS: COMPLETED.

- 100% COMPLETION RATES FOR THOSE ENROLLED IN THESE PROGRAMS. COMMANDS THAT DROP BELOW 90% WILL BE REQUIRED TO DEVELOP A POA&M TO GET BACK INTO COMPLIANCE.

MEDIUM RANGE GOALS:

- IDENTIFY A WEB-BASED CENTRALIZED MEDICAL SURVEILLANCE DATABASE SYSTEM TO TRACK ALL OF THE OCCUPATIONAL HEALTH MEDICAL SURVEILLANCE EXAMINATIONS LISTED IN THE MEDICAL SURVEILLANCE MATRIX AND BASELINE, PERIODIC, AND TERMINATION DATE FIELDS.

  STATUS: NO CONSENSUS ON SYSTEM.

- MEDICAL SURVEILLANCE DATABASE SYSTEM PROGRAMMED SO THAT EXAMINATION COMPLETION RATES PERCENTAGES ARE AUTOMATICALLY CALCULATED.

  STATUS: NO CONSENSUS ON SYSTEM.

- THE MEDICAL SURVEILLANCE DATABASE SYSTEM NEEDS TO WORK WITH THE COMPUTER SYSTEMS PREVIOUSLY LISTED SO THAT INFORMATION CAN FLOW FROM THEM ELECTRONICALLY.

  STATUS: NO CONSENSUS ON SYSTEM.

DESIRED LONG RANGE OUTCOME:

- **SEAMLESS SHARING OF DATA BETWEEN VARIOUS SYSTEMS SUCH AS SAFETY, PERSONNEL, AND MEDICAL PROVIDING USEFUL INFORMATION THAT CAN BE USED TO ENHACE THE WELL-BEING AND READINESS OF THE FORCE**

  - **STATUS: VARIOUS EFFORTS IN EARLY STAGES OF MAPPING EXECUTIVE INFORMATION AND DECISION SUPPORT SYSTEM REQUIREMENTS AND PROCESSES.**

USMC OCCUPATIONAL HEALTH MEDICAL SURVEILLANCE PROGRAM PLAN UPDATE

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DISCUSSION:

- MEDICAL SURVEILLANCE PROGRAMS ARE DESIGNED TO MONITOR THE READINESS OF INDIVIDUALS WHO ARE REQUIRED TO WORK IN AREAS WHERE SIGNIFICANT EXPOSURE TO HAZARDOUS CHEMICALS OR PHYSICAL AGENTS MAY OCCUR.

- THE MARINE CORPS OCCUPATIONAL SAFETY AND HEALTH PROGRAM MANUAL, NAVMC DIR 5100.8, CHAP 11, PARA 11001(2) STATES: "THESE PROGRAMS SHALL BE BASED ON THE INDUSTRIAL HYGIENE RECOMMENDATIONS.

- MARINE CORPS ORDER 5100.29B UPDATED 28 JULY 2011, STATES: THE COMMAND GROUND SAFETY OFFICER OR MANAGER SHALL ENSURE THE FOLLOWING GROUND SAFETY COMPONENTS ARE ACCOMPLISHED; "BY NAME LIST OF PERSONNEL WHO REQUIRE MEDICAL SURVEILLANCE.

Strategies for Success OH Perspective

Presented by

Kathleen Edwards, BSN, COHN-S

Occupational Medicine Program Manager

Navy Medicine West

San Diego, CA

✓ Assign responsibilities
- Supervisors – employee assessments
- Med Surv Program Manager – enrollment and tracking

✓ Train those responsible
- Medical Surveillance Program Processes
- How to find resources (Navy Safety Center Tool Box)

✓ Hold individuals accountable to sustain program
- Performance objective

Strategies for Success OH Perspective (cont'd)

✓Cultivate your multidisciplinary team - outreach
- Safety Personnel
- Workplace Supervisors
- Industrial Hygienists
- Occupational Health Nurse/provider
- Program managers such as licensing officers

✓Ensure the IH survey data gets to the workplace supervisor and they know how to use

✓Educate workers on why they are enrolled in surveillance programs and their responsibility

✓Prioritize medical appointments – minimize "no-shows" as they impact on command readiness.

Strategies for Success Afloat Perspective

Presented by

LCDR Chuck Wilhite, MSPH, CSP

Force Safety Officer

Commander, Submarine Forces Pacific

Pearl Harbor, HI

Strategies for Success Afloat

- By policy in OPNAVINST 5100.19E, the ship's Medical Department Representative (MDR) manages program

- MDR should contact division and gets <u>names</u> of personnel requiring medical surveillance exams

- MDR utilizes SAMMS to track personnel and works closely with supervisors to ensure exams/certifications are completed

- MDR takes advantage of opportunities to "corral" personnel to medical, (e.g., grab patients in p-ways, before holiday leave, etc.)

Polling Question #5

- MDR keeps a visual statistic sheet on bulkhead, above desk, to see where compliance % is at for each program
  - Goal: 90% and above

- Post Medical Surveillance enclosure from IHS on bulkhead to identify personnel who require inclusion into occupational health PEs/certifications at check-in

- Above all else, take PRIDE in your work!

- Set the bar for all other ships/clinics you "compete" with

- Make it your goal to have the highest compliance rate of all your peers

- Be the best HM/PMT/Nurse you can be, attack challenges and find ways to solve compliance issues. Don't settle for anything less!

Upon review of initial Medical Surveillance Data, the following was noted:

- Multiple shipyard workers were enrolled in Occ. Hlth. Medical Surveillance that didn't need to be, (e.g., Respirator, Noise)
- An average of $250K/yr savings was noted when these personnel were dis-enrolled/shipyard.
- 2-3 Man-hours were saved by both the shipyard and medical clinics per worker.

Strategies for Success
A Stakeholder Training Perspective

Presented by

CDR John Porter, CIH

Deputy Director

Occupational Health and Industrial Safety Programs

Naval Safety Center

Norfolk, VA

Strategies for Success Stakeholder Training

- Medical Surveillance Toolbox web page
  - Frequently Asked Questions (FAQs)
  - Certification Exam Guidance Matrix
  - Program Quick Notes
  - Supervisor's Guide to Medical Surveillance

http://www.public.navy.mil/navsafecen/Pages/osh/MedSurv.aspx

Polling Question #6

Medical Surveillance Tracking and Reporting
FAQs

Do you have a question which you would like to have included on this FAQ document? Please email it to Safe-Medsurv@navy.mil.

NEW FAQs

Q: Should I include contractors in my medical surveillance exam completion report?
A: Contractors should not be included in your report UNLESS their contract specifically states that Occupational Health services will be provided by the US Government. If their contract does not specify this, then medical surveillance is the responsibility of their parent employer.

Q: How about Foreign Nationals? Should I include them in my report?
A: If a Status of Forces agreement between the host government and US Government (USG) specifies that Occupational Medicine services will be offered to Master Labor Contractors and/or Foreign Nationals working for the USG, then yes. If the host government coordinates or provides Occupational Medicine services for the Foreign Nationals working for the USG, then no.

Q: Is the Firefighter specialty/certification exam applicable to personnel aboard ship (ex. my Damage Control personnel)?
A: No, the Firefighter exam is intended for federal civilian firefighters. It is not required for shipboard military personnel.

Q: Should I include all personnel who wear TLDs in the spreadsheet report Ionizing Radiation (Exam 505) denominator? Or should I only include those personnel who require an exam documented on NAVMED 6470/13?
A: Only those requiring an exam documented on NAVMED 6470/13 need to be included in the Radiation-Ionizing (Exam 505) denominator.

Q: Does my ship's Medical Department Representative (MDR) need to be enrolled in both the Blood and/or Body Fluids program (Exam 178) and the Health Care Worker program (Exam 719)?
A: No, only the Health Care Worker (Exam 719) exam is required for medical personnel. The Blood and/or Body Fluids exam is intended of non-medical personnel who have a risk of occupational exposure to blood/body fluids.

Q: Does the Police/Guard/Security exam (Exam 714) apply to military Masters-at-Arms (MA)?
A: No, the Police/Guard/Security exam is currently intended for federal civilian law enforcement personnel.

Q: Do the medical surveillance requirements described in the Medical Matrix ever change? In other words, if an exam is not applicable to military personnel (such as the Police/Guard/Security exam described above) will that ever change?
A: It is possible that medical surveillance exam requirements or the populations to whom they are applicable could change. The Navy and Marine Corps Public Health Center Occupational Medical team frequently review federal law, DOD and service instructions, and other guidance to determine appropriate requirements and they do update the Medical Matrix periodically to reflect recent changes.

FAQs Archive

1. Q: What is the purpose of the medical surveillance program and why is it important?
A: A medical screening examination as part of a medical surveillance program is one of several tools aimed at protecting workers who are exposed or potentially exposed to hazardous substances in the workplace.

The medical surveillance program is made up of two components; hazard or exposure-based exams and specialty (job certification) exams.

Selection of personnel for hazard-based programs is based primarily on the results of the industrial hygiene survey and is exposure driven. In the absence of industrial hygiene data, medical personnel will make a decision on placement in medical surveillance programs based on knowledge of the workplace processes, job requirements, and occupational history.

Hazard-based exams are designed to protect workers who have either a known exposure above permissible limits to a chemical, physical (heat, noise, radiation, etc.), or biological hazard or may have an exposure that could be above the permissible limits (i.e. the exact exposure level is unknown but has the potential to be high). Hazard-based medical surveillance is intended to detect early indicators of excessive exposure before actual illness, disease, or injury occurs.

Specialty exams are intended to ensure that a person meets a minimum level of health and fitness to perform certain jobs, such as firefighter or wastewater/sewage worker, and respirator user. Another example is Food Service Workers who are screened to ensure they don't carry communicable diseases which they could pass on to others through the food (think Typhoid Mary).

Both components of the medical surveillance program are important in protecting the health of our military and civilian personnel.

2. Q: I don't recall there being so much attention to the medical surveillance program in years past. Why is it a hot topic now?
A: The medical surveillance program has traditionally not had as much scrutiny or oversight as some other programs. However, it's an important program intended to protect the health of our personnel and we need to ensure that it's operating effectively.

JP

Navy Certification Guidance Matrix
(Navy Safety Center Med Surv Toolbox)
http://www.public.navy.mil/navsafecen/Pages/osh/MedSurv.aspx

Certification Examination Name	Certification Program Applicability Guidance				Periodicity
	Afloat Military	Afloat Civilian	Ashore Military	Ashore Civilian	
AVIATION	Y	N/A	Y	N/A	≤ Age 50: every 5 years > Age 50: annual
BARBER AND BEAUTY SHOP EMPLOYEES	Y	Y	Y	Y	Preplacement Baseline
CHILD CARE WORKER	N/A	N/A	N/A	Y	Annual

DIVER/HYPERBARIC WORKER	Y	Y	Y	Y	Diver Candidates: Upon application to diving duty
					
					Designated Divers: ≤ Age 50: every 5 years
					       ≥ Age 50 < Age 60: every 2 years
					       ≥ Age 60: annual

EXPLOSIVE HANDLER	Y	Y	Y	Y	< Age 60: every 5 years ≥ Age 60: annually
EXPLOSIVES VEHICLE OPERATORS	Y	Y	Y	Y	Civilians: < Age 60: every 2 years ≥ Age 60: annual Active Duty Military: every 5 years
FIREFIGHTER (COMPREHENSIVE)	N/A	N/A	N/A	Y	Annual This exam incorporates many elements from several other certification exams. See the "Medical Matrix" for more information.
FOODSERVICE PERSONNEL	Y	Y	Y	Y	Preplacement
FORKLIFT OPERATOR	Y	Y	Y	Y	< Age 60: every 5 years ≥ Age 60: annual
FREON (HALOALKANE) WORKERS	See Comment #1	See Comment #1	See Comment #1	See Comment #1	Annual
HAZARDOUS WASTE WORKERS AND EMERGENCY RESPONDERS	N/A	N/A	Y	Y	Annual
HEALTH CARE WORKERS (HCWs)	Y	Y	Y	Y	Preplacement Baseline
MOTOR VEHICLE OPERATERATORS (DOT)	See comment #2	Y	See comment #2	N	Every 2 years
MOTOR VEHICLE OPERATOR (OTHER THAN DOT)	See comment #3	See comment #3	See comment #3	See comment #3	Every 4 years
NAVAL CRIMINAL INVESTIGATIVE SERVICE	N/A	Y	N/A	Y	≤ Age 37: every 3 years 38 to 40 years of age: every 2 years ≥ Age 41: annual
POLICE/GUARD SECURITY	N/A	Y	N/A	Y	Annual
RESPIRATOR USER CERTIFICATION EXAM	See comment #4	Y	See comment #4	Y	Civilians: Age 15 to 34: every 5 years Age 35 to 44: every 2 years >Age 45: annual SCBA user: annual Military: See comment #4
SUBMARINE DUTY	Y	Y	Y	Y	Active duty submarine qualified: Every 5 years Everyone else: Prior to embarkation on submarine
WASTEWATER/SEWAGE WORKER	Y	Y	Y	Y	Every 5 years
WEIGHT HANDLING EQUIPMENT (MANAGEMENT OF) Note: Applies to crane Operators	Y	Y	Y	Y	Every 2 years
WELDERS/BRAZERS/NON-DESTRUCTIVE INSPECTION TECHS	Y	Y	Y	Y	Annual

OEM
Occupational and Environmental Medicine

Quick Notes

Medical Surveillance and Certification Exams For Sailors Assigned to Ships

Q. What are some typical medical surveillance and certification exams for sailors assigned to ships?

A. Exams for sailors assigned to ships may include:

- Asbestos
- Health Care Worker
- Noise
- Barber & Beauty Shop Employees
- Explosive Handler

- Food Service Personnel
- Forklift (Material Handling Equipment) Operator
- Welders/Braziers
- Weight Handling Equipment (Cranes)
- Wastewater/Sewage Worker

Q. Where can I go for more information?

A. A good place to start is with your command's industrial hygiene survey and the applicable instructions and publications. A few publications that should be readily available include:

- NMCPHC-TM OM 6260, Medical Surveillance Procedures Manual and Medical Matrix
- OPNAVINST 5100.19E, Navy Safety and Occupational Health Program Manual for Forces Afloat
- NAVSUP Publication 538, Management of Material Handling Equipment (MHE) and Shipboard Mobile Support Equipment (SMSE)
- NAVFAC P-307, Management of Weight Handling Equipment
- NAVSEA OP 5 Volume 1, Ammunition and Explosives Safety Ashore
- NAVMED P-117, Manual of the Medical Department
- NAVMED P-5010, Manual of Naval Preventive Medicine

Q. Who can I contact if I have questions?

A. Always start inside the lifelines. While division leadership and workcenter supervisors have the primary responsibility for ensuring that their personnel are assigned to the appropriate programs, they must work with safety and medical department representatives to achieve a successful safety and occupational health program. Additional resources include your supporting industrial hygiene office and local occupational health clinic. After using your local resources you may contact the Navy and Marine Corps Public Health Center at occmed@nehc.mar.med.navy.mil or 757-953-0700 for questions about exams. You may also contact the Naval Safety Center at safe-medsurv@navy.mil or 703-695-7233.

13 July 2012

Navy and Marine Corps Public Health Center
Prevention and Protection Start Here

2013

Navy Safety and Supervisor's Guide to Medical Surveillance

A product of the

Navy Medical Surveillance Working Group

7/18/2013

2013

Marine Corps Safety and Supervisor's Guide to Medical Surveillance

A product of the

Marine Corps Medical Surveillance Working Group

7/22/2013

TABLE OF CONTENTS

Management Resources

- Supervisor's Medical Surveillance and Certification Exam Referral form
  - SECNAV 5100/1T
- Designed to improve deficient areas
  - Identification of personnel
  - Enrollment in appropriate program(s)
  - Documentation of exam completion and disposition
  - Communication between stakeholders within a command and between command and OH clinic

SUPERVISOR'S MEDICAL SURVEILLANCE AND CERTIFICATION EXAM REFERRAL

FOR OFFICIAL USE ONLY (WHEN FILLED)

☐ USN ☐ USMC

NOTE: Blocks 1-4 are to be filled out by the Command, except where noted, prior to the worker's arrival at the supporting medical facility. See the form instructions for additional guidance.

BLOCK 1 - EMPLOYEE INFORMATION

1. Last Name:	2. First Name:	3. DoD ID #:	4. Rank/Rate:	5. E-Mail:

6. Command/Unit Name:	7. Command UIC:	8. Job Title:

9. Dept/Div/Work Center::

10. Do you Have an Active ESAMS Profile? ☐ Yes ☐ No ☐ Not Sure

BLOCK 2 - COMMAND POINTS OF CONTACT

Supervisor			Command Safety or Medical Surveillance Representative		
11. Last Name:	12. First Name:	13. Rank/Rate:	14. Last Name:	15. First Name:	16. Rank/Rate:
17. E-Mail:		18. Telephone Number:	19. E-Mail:		20. Telephone Number:

21. Supervisor Signature

22. Date/Time of Referral (Supervisor fill in):

BLOCK 3 - MEDICAL SURVEILLANCE PROGRAM INFORMATION (Click appropriate button to add or remove exam rows)

23. Exam Type (Supervisor Check One)	Supervisor Select Applicable Program Number and Name (If program not listed type/write in field. Reference list on last page of form)	Supervisor Select Job or Duty/Task Requiring Exam	Disposition or Recommendation (Filled out by Medical)	Next Exam Due (Filled out by Medical)
Exam # 1 ☐ Baseline ☐ Periodic ☐ Termination			☐ Medically Qualified ☐ Not Medically Qualified ☐ Medically Qualified w/Limitations [1] ☐ Other/Pending	
Exam # 2 ☐ Baseline ☐ Periodic ☐ Termination			☐ Medically Qualified ☐ Not Medically Qualified ☐ Medically Qualified w/Limitations [1] ☐ Other/Pending	
Exam # 3 ☐ Baseline ☐ Periodic ☐ Termination			☐ Medically Qualified ☐ Not Medically Qualified ☐ Medically Qualified w/Limitations ☐ Other/Pending [1]	
Exam # 4 ☐ Baseline ☐ Periodic ☐ Termination			☐ Medically Qualified ☐ Not Medically Qualified ☐ Medically Qualified w/Limitations ☐ Other/Pending	
Exam # 5 ☐ Baseline ☐ Periodic ☐ Termination			☐ Medically Qualified ☐ Not Medically Qualified ☐ Medically Qualified w/Limitations ☐ Other/Pending	

Note: Changes in personnel health or safety status, such as change in exposure risk, change medical condition, change of medication(s), require referral of the employee to Occupational Medicine or the Command MDR to ensure compliance with required occupational surveillance or certification program standards and to address potential impacts on personnel health and safety. Consult command industrial Hygiene survey report for exposure-based medical surveillance recommendations.

[1] See Remarks in Field 26

Block 4. OPTIONAL: Would you like to add an Additional Reviewer? (Additional reviewers may be required by local policies)

24. OPTIONAL - Additional Reviewer:

Select Additional Reviewers Here: [▼]

First Name:	Last Name:
Rank/Rating:	Phone:	Email:

Remarks:

Date: Signature:

BLOCK 5: MEDICAL PROVIDER REMARKS

25. The employee had been counseled regarding the results of this medical evaluation and my recommendations regarding further evaluation? ☐ Yes ☐ No

26. Remarks:

27. Medical Provider First Name:	28. Medical Provider Last Name:	29. Medical Provider Signature:
30. Medical Provider E-mail Address:	31. Medical Provider Phone:	32. Signature Date/Time::

Programs bolded/highlighted on the last page of this form require a written physician's opinion (per Federal Occupational Safety and Health Administration (OSHA). See NMCPHC-TM OM 6260: MEDICAL SURVEILLANCE PROCEDURES MANUAL AND MEDICAL MATRIX (EDITION 11).)

DEMONSTRATION

Supervisor's Medical Surveillance and Certification Exam Referral Form

(SECNAV 5100/1T)

Presented by

Kathleen Edwards, BSN, COHN-S

Occupational Medicine Program Manager

Navy Medicine West

San Diego, CA

POLLING QUESTION #7

SECNAV 5100/1T Form- The Way Ahead

- Planned for incorporation into SECNAV safety policy
  - Policy will require services to utilize form
- Incorporated into OPNAVINST 5100.23H draft
- A SECNAV ALNAV is being developed as a short-term measure
  - This will require use of the form starting in the near-term

Open Discussion

Thank you for Attending!!